

Child's Name: _____

Birthdate: _____ Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

If unable to contact parents, please notify: _____

Phone Number: _____ Relation to Child: _____

I give my permission for _____ to attend the _____ on _____. I voluntarily release the Presbyterian Church in America, the sponsoring church McLean Presbyterian Church, and their representatives and employees from any and all liabilities related to the activities of the event. I also give my permission to the staff to secure any necessary medical treatment required for my son or daughter in the event of an emergency and I cannot be reached.

Parent/guardian signature:

_____ Date _____

Insurance Co:

Policy

_____ ID# _____

Allergies or other medical conditions:

